



## Statement of Claimant to Refund Due on Behalf of Deceased Taxpayer

\_\_\_\_\_  
Date Statement is Executed

\_\_\_\_\_  
Name of Deceased Taxpayer

\_\_\_\_\_  
Taxpayer's Social Security Number

I, \_\_\_\_\_ hereby certify that I am the \_\_\_\_\_ of the  
(Relationship or other capacity)

deceased taxpayer and hereby make request for refund of the income taxes overpaid by or in behalf of the decedent.

I, the undersigned claimant, certify, under all penalties, fines, and forfeitures imposed by law for the making of false or fraudulent claims against the State of Louisiana or the making of false statements in connection therewith, declare that if said refund is issued to him/her, he/she will see that the proceeds thereof are disposed of according to law.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Claimant's Social Security Number

\_\_\_\_\_  
Address of Claimant

\_\_\_\_\_  
City, State, ZIP

**Note: A certificate of death must accompany this document.**